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ABSTRACT

This booklet is designed for public school therapists engaged in the treatment of stuttering in the elementary school. Over 50 questions are posed, regarding treatment of young stutterers in the school, and answers are provided by a panel of 10 leading authorities in the speech therapy field. Topics covered include: (1) differences between stuttering adults and stuttering children; (2) recognizing children with stuttering problems; (3) the parent therapist relationship; (4) motivating children who stutter to undergo therapy; (5) devising individual therapy goals and meetings; (6) alleviating fear, anxiety, and frustration suffered by the stuttering child; (7) building self-esteem and confidence in stuttering children; (8) indications of speech improvement during therapy or failed therapy; and (9) enlisting community and school support for speech therapy programs. (CB)

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# Stuttering

*TREATMENT OF THE YOUNG STUTTERER IN THE SCHOOL*

*SPEECH FOUNDATION OF AMERICA*

EC190273

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# Stuttering

## *TREATMENT OF THE YOUNG STUTTERER IN THE SCHOOL*

*SPEECH FOUNDATION OF AMERICA*

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## *The Opinions of Certain Authorities*

Derived from the report of
a week's conference on this subject
held at Montego Bay, Jamaica

*Conference sponsored and this report published by the*
*SPEECH FOUNDATION OF AMERICA*
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The Speech Foundation of America is a non-profit charitable organization dedicated to the prevention and treatment of stuttering.

## *For the Therapist and the Stutterer*

This booklet is written for public school therapists who have to wrestle with the baffling problem of stuttering. A group of speech therapists were asked what specific problems they had encountered in working with elementary school stutterers—and what questions they wanted answered in relation to their work.

To answer these questions, the Speech Foundation of America sponsored a week's conference of some of the leading authorities in the country at a meeting held in Jamaica in the West Indies. This booklet was written at this conference, with Stanley Ainsworth, a past president of the American Speech and Hearing Association, acting as chairman of the conference, and with Charles Van Riper editing the final work.

We believe that this booklet should be of real benefit to public school therapists engaged in the treatment of stuttering in the elementary school. And thus we hope it may help to bring some relief to thousands of young stutterers all over the country.

MALCOLM FRASER

*For the Speech Foundation of America*
*Memphis, Tennessee*

EDITORS NOTE:

*We begin this booklet with a fairly representative letter from a public school speech therapist in response to a questionnaire sent out from the Speech Foundation of America. This therapist, Richard Duncan, of Corunna, Michigan, was angry and frustrated and demanding. He asked us hard questions and demanded practical answers. So did many other therapists who responded to our basic query: "What can we do to help the public school speech therapist as he confronts a young stutterer?" We have assembled the speech therapists' questions and added others and endeavored to meet the challenges they presented. So far as Mr. Duncan's angry letter was concerned, we met its challenge appropriately by inviting him to join our deliberations at Montego Bay to make certain that what we wrote would be appropriate to the therapist in the school setting. Here is his letter:*

# *A CHALLENGING LETTER FROM A PUBLIC SCHOOL THERAPIST*

Speech Foundation of America
Memphis, Tennessee

Dear Sirs:

I appreciate this opportunity to answer your questionnaire. I shall be frank. I feel that as far as stuttering therapy is concerned, the public school therapist has been sorely neglected. Most textbooks, discuss stuttering as it would be treated in a college clinic. Much has been written, taped, and filmed on therapy for the stutterer. It has done little to help the public school therapist. I welcome this opportunity to share my thinking and frustrations with you.

Question 1—How can we state the principles of stuttering therapy in terms the elementary school stutterer can understand? I realize our task is not to "teach" a course in stuttering therapy, yet the first step to overcoming any problem is understanding. We must have a better way to help a child who is just learning to read and who possesses only a limited vocabulary to understand what is happening when his mouth freezes shut, when he becomes fearful of speaking.

2—When should the beginning stutterer be accepted for direct therapy? This is one of the most difficult decisions for the public school therapist. For most of us there is no opportunity to staff a case or to discuss it pro and con in a group. Decisions like this keep the conscientious therapist awake at night. We need guidelines.

3—What course of action should the public school therapist take when the child's parents are unwilling or unable to cooperate in eliminating the factors or conditions that are responsible for the child's stuttering? The most obvious answer to this question is desensitization therapy. The authors of one well known text on speech correction describe the problem facing the public school therapist very aptly: "Desensitization therapy is not for the hurried or harried therapist who must work with groups of children." This leaves us where we started. What can the therapist working under these handicaps do?

4—When working with delayed speech cases, the therapist sometimes finds as the child's ability to use verbal communication improves he shows signs of stuttering. What can the public school therapist do to prevent this?

5—How can we gain the cooperation of physicians and other professional workers? The first thing mother does when Johnny shows signs of nonfluency is rush him to the family doctor. In many cases, the doctor tells her Johnny will outgrow "it." If that doesn't pacify her he may prescribe a mild tranquilizer. If this doesn't work, well maybe it won't hurt to let the "speech teacher" at school see Johnny.



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I think I have some answers to this question but they are ones you had better include in your booklet.

6—Most important of all is a need for specific goals in therapy. We public school therapists need to have these goals spelled out for us. I can think of several: stop avoiding, don't struggle, don't back up, but move forward, learn to stutter slowly and smoothly—but there must be many more. Get your conference to be specific about these. Tell us what we should aim at.

To sum up these questions in one sentence we need more accurate information concerning primary and secondary stuttering in terms of theory and practice. I fear your pamphlet will again fail to consider the conditions prevailing in the public schools. You'll tell us things to do that we just can't do there. We need help—but practical and appropriate suggestions. Give us examples which fit our needs. Don't just give us theory.

REGARDING TIME AND CASELOAD. I believe the greatest problem can be stated in two nouns: time and caseload. Caseload minimums vary from 75 on up. In Michigan the minimum is 100 cases, to be seen twice a week. Because of the large number of children we must serve, we are forced to spend too much of our time with the children that need us the least, and we fail with the ones that most desperately need our help; the delayed speech, the cleft palate, and the stutterer. We need more time to counsel parents and teachers, for psychotherapy, to help the child carry out assignments, and to make adequate preparations for therapy sessions.

In Michigan you cannot count a child on your caseload unless you are seeing him twice a week. My professors taught me: "The way to treat a young stutterer in the primary stage is to let him alone and treat his parents and teachers." Sirs, this is illegal in Michigan! At least the child cannot be counted in my caseload.

The adult or child seen in the college or community speech clinic is motivated to be there. In the booklet which the Speech Foundation published in 1960 is this statement: "Every person who voluntarily submits himself to a specialist for treatment has assumed an attitude that renders himself responsive to the force of suggestion." In other words, he usually is motivated. If not, at least his parents are motivated or they would not bring him again and again for treatment.

We are not so fortunate in the public schools. The student in the upper elementary grades and high school has lived with his stuttering for a number of years. It is like an old wound that is festered over. He does not want anyone poking or examining it. One of the greatest needs of this student is to belong to the group; anything or anyone that points him out as being different is to be avoided. How can you solve this problem in 20 minutes time twice a week?

Another of the greatest needs is better trained therapists. This, I'm afraid, in part at least, is the fault of our colleges and universities. Most of us just aren't very good. To qualify for Basic Certification from ASHA, one course in stuttering is sufficient. Many bachelor degree candidates do not meet

these requirements. Even the M.A. people seem afraid of the stutterer. We need more training *ON THE UNDERGRADUATE LEVEL* in stuttering, psychotherapy, and counseling. We need to *SEE* therapy being done by experts. I have been more fortunate in this respect than most of my fellow teachers of speech correction, but I need more too. I have often thanked the powers that be for my experience in social casework. I realize these faults cannot be corrected in a booklet, but these are just as much a part of our problem as caseload and motivation. Why can't your Foundation help here? Do you only do booklets?"

REGARDING INADEQUACIES. Here is where I must bare my soul and my inadequacies. I don't think I can answer this question by giving a "recipe" that will work with all stutterers. It is impossible to list a group of activities that will work with all elementary school stutterers. I've had some real success. I've had some real failures. The latter haunt me.

With the primary stutterer, I try to work with the parents. If I can get them together for an interview, my main goal is to learn their feelings and to find possible maintaining causes of their child's problem. I let them talk and talk and talk. I often tape one of the interviews. If the parents seem overly concerned about the child's non-fluencies, and if the child is not yet reacting to his non-fluencies, I play the tape back and point out their own and my own non-fluencies. (I try to have some questions to throw at them that will bring out non-fluencies in their replies.)

I wish I had good reading material to put in the hands of these parents. I wish I had time to work with them in groups. I wish I could work with them more often. But I have 105 other children to serve and a family to whom I owe much. I wish I had a 40 hour day.

If, on the other hand, the parents are completely unconcerned with a stuttering problem which is showing signs of becoming self-perpetrating through avoidance, I have a "shock treatment" tape. The first sample is a primary stutterer, and each sample grows more severe and bizarre until the final example is unintelligible. I tell them, "This is where Johnny is now," picking the sample that best resembles the speech of their child and citing the final example as, "This is where he may end if we don't help him now." It mobilizes them—starts them helping.

The therapist must identify with the child. It is hard being a little boy in a grown-up world, especially a non-fluent little boy. These kids have insight. They know when you are in tune with their needs and feelings. I think the greatest shock I received in this profession was when I realized that these kids weren't waiting with open arms for me to come to their aid. You must earn their confidence and respect. Your title and degree are not enough. The stutterer must know you are competent and can be trusted. He must be given this experience in every therapy session. Only then will he learn to stutter and talk more easily.

I give him experiences in feeling his fluent speech. I often have a tape recorder running during therapy and save the samples of fluent speech.

At some later date, when he may be having a period of non-fluent speech, we listen to the samples of his fluent speech.

P must be convinced that he should stop running. This is hard to do. We need help here. I have him prolong blocks, fake stuttering, but I do not try this until I know I have his trust and confidence. I've got to help him touch the evil stuff in his mouth and it's tough going.

I have used a tape recorder for group therapy. If I have only one stutterer in a certain school, his taped messages, thoughts, ideas, reactions, feelings, etc. can be shared with other stutterers in other schools. This has been very effective—and later meetings can be arranged for them to meet and work together.

I find I must be prepared. I don't dare walk into a therapy session wondering what I am going to do or say. I know I'm not there to entertain the stutterer; I feel his need. I am there to help him. I've got to be alert, but not rigid; be ready to handle the failures. But oh, I need help. So often I feel inadequate.

I just read my answer to the last question and discovered I have started to feel sorry for myself. I guess it's time to quit. I hope my answers to the questions will be of some minor help in the preparation of the booklet. I hope I have not been too verbose, and I wish I had had some time to talk to other therapists and hash over my ideas before answering the questions.

Have I been of any help? I need plenty.

Sincerely,

Richard Duncan

*(Corunna, Michigan)*

*The Answers*
*to the Questions*
*About the Treatment*
*of the Young Stutterer*
*in the School*
*by the Authorities*
*Listed on the Following Pages*

## *Participants*

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Formerly supervisor of speech correction, Shiwawassee County Intermediate School District, Corunna, Michigan. Basic speech certification American Speech and Hearing Association.

*Wendell Johnson, Ph.D.*

Late professor of speech pathology and psychology, and director of speech clinic, University of Iowa. Formerly president and chairman of the Publications Board, American Speech and Hearing Association. Author, *"Stuttering and What You Can Do About It,"* and other books.

*Harold L. Luper, Ph.D.*

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## *Participants*

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*Malcolm Fraser*

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*Albert T. Murphy, Ph.D.*

Speech pathologist and psychologist, professor, Boston University. Formerly Director, Speech and Hearing Clinic, Massachusetts Memorial Hospitals, Author *"Stuttering and Personality Dynamics,"* and other publications. (Dr. Murphy assisted in the planning of the conference and some of his material is used in this pamphlet. However, he was unable to attend the conference.)

***What is the need for this booklet?***

The problem we call stuttering affects almost 2,000,000 Americans. Stuttering begins and develops in childhood, and this is when it should be treated. Such disciplines as medicine, psychiatry, and psychology have paid little systematic attention to the problem, and only a small fraction of the approximately half-million child stutterers can be treated in clinics. On the other hand, stuttering children attend school, and it is the natural place in which to begin helping them. A large number of the members of the American Speech and Hearing Association are public school speech therapists. This group can provide a major hope for the child who stutters.

***For whom is this booklet intended?***

If you are a public school speech therapist and have long wished to improve your therapy for children who stutter, this booklet is written for you.

***How is this booklet to be used?***

It is to be used primarily as a source of information, not a cookbook. We who have worked with young stutterers have tried to share our experience with you in a way that we hope will be practical and useful.

***Is the problem of stuttering much the same as that in adults?***

The problem differs and so does the therapy. Here are some of the major points of difference in the problem as it usually exists:

1. The child is living with his parents and is dependent upon them. Thus the members of the family are, in effect, "members of the problem." In order to deal with the problem effectively, therebefore, we have to deal not only with the child who is in the school and most readily available therein, but with the other important members of the problem as well—the members of his family.

2. The child's problem is still emerging, still developing and unless we can do something, it may get worse. Not only is the stuttering behavior emerging and changing and developing but this behavior of the child is part of a total developmental pattern. The child is developing physically, psychologically, sexually and linguistically. He is part of a family unit and is developing an image of himself

as a member of a family. The many relationships he has both in and outside his family influence his feelings and his patterns and style of behavior. His stuttering does not necessarily make him feel and think and behave like other children who stutter.

3. The therapist, however, does have the advantage of working with a problem of more recent origin and which is often less well established than that found in adults. Since early experience is typically more influential in molding personality, the therapist has a great opportunity to bring about changes more readily, and to prevent undesirable emotional reactions.

4. As compared to the adult stutterer, the child is closer to the sources of his stuttering, whatever they might be. The behavior has not become as thoroughly incorporated and reinforced. You may be able to block or divert these original sources of his stuttering if you can discover what they are. You may need to change a mother's listening habits or a father's rate of speech. Or you may not discover any such point of attack. But you must recognize that some of the disruptive factors which seem to produce more stuttering can more easily be discovered and reduced.

5. The child is often less verbal and less intellectually oriented than the adult. You will need activities which can be shared with the therapist or other young stutterers. Many of these are given in this booklet.

***How does therapy for the child who stutters differ from that with adults?***

1. The child doesn't begin therapy with the same readiness for change found in the adult who comes in on his own. What commonly starts out as his parents' or as his teacher's project must become his own project if therapy is to become effective. Since the child is brought or sent into therapy by others, he may or may not feel it as a problem himself. And his feelings on this point make a tremendous difference in his readiness for therapy.

2. Peer relationships are probably much more significant in the young stutterer. Since peers are so important to him, any really destructive peer-relation—as by a group of children who mock or ridicule him—should be changed in any way that this can be arranged.

3. The child has the additional therapeutic burden of relating to an outsider, from the world of adults—the therapist. Initially at least, he is likely to be rather unresponsive—to give his adult therapist the "Where did you go? . . . Out. What did you do? . . . Nothing." treatment.

4. Not all the work should be done with the child, but also should involve his parents, both in therapy and in the subsequent period of adjustment to improvement.

5. The young stutterer probably needs a new relationship in which the therapist may need to play the role of a substitute parent, big brother or big sister, or perhaps that of a friendly guide.

6. The child may not be very verbal and, if so, he needs a highly activity-oriented therapy.

7. In principle, major attention in adult therapy is directed toward reducing, modifying, and in a sense disrupting the person's embarrassments and fear reactions toward speaking, and re-shaping the distorted interpersonal relationships that developed during his years of growing up. In child therapy we try to *prevent* the faulty beliefs and feelings and related reaction patterns from spiraling in intensity and complexity until they reach a level at which the child feels he can no longer cope with them.

8. The child will not have developed as yet the language and experience necessary to evaluate intellectually (at least in the ways one expects an adult to do it) his behavior and his feelings.

9. With children who stutter, it is important that parents and teachers be counseled not to revert immediately back to old ways as soon as the young stutterer shows some improvement. Occasionally parents will greet recovery, improvement, or progress by putting the pressure back on, effectively punishing the child for improvement.

***What are the basic qualifications of the therapist?***

Any therapist who works with stutterers has a basic obligation to inform himself about the many special features of the disorder. If the therapist is to fulfill his ethical obligation to any child who entrusts himself for treatment, he needs to know the problem. For example, he needs to know that much of what we see as stuttering behavior is learned, that stutterers do not require psychotherapy merely because they are stutterers, that they are essentially like

nonstutterers in most respects. The therapist who would work with stutterers has the duty of reading the literature that has accumulated on the problem. Usually, supervised clinical experience in working with the problem of stuttering, with at least one course which deals specifically or substantially with stuttering therapy, and with child therapy, is advisable. But even those who possess qualifications as speech therapists should study stuttering, observe and interact with stutterers, and perhaps assume the role of a stutterer in sufficient speaking situations to experience and understand some of the social rejection and frustration the disorder brings. In addition to this knowledge and experience, the therapist should know that while there are different approaches, there is a substantial core of agreement among those who specialize in therapy for stutterers.

***How can I recognize the children for whom stuttering is a problem?***

There are three main characteristics of the problem called stuttering. First, the child's teachers, parents, or other listeners regard him as a stutterer, and react to the hesitations, repetitions, or other disfluencies in his speech with expressed or implied concern and disapproval. Second, the child regards himself as a stutterer, or at least he has learned to feel that there is something the matter with the way he talks, and he reacts with apparent concern, embarrassment, or other signs of distress. Third, his speech behavior shows that he occasionally tenses his lips, tongue, or other muscles used in speaking, as though either to "force out the words" or to "keep from going ahead."

Most children of school age who satisfy the first of these three criteria also satisfy the other two. If, however, a child has not yet learned to regard himself as a stutterer and to speak with struggle or tension, so long as his parents or teachers seriously evaluate his speech as unacceptable and consider him to be a stutterer, a definite problem exists. If it exists for the child's parents and teachers, he is likely to be caught up in the problem sooner or later if it is not eliminated for them.

Stuttering is the kind of problem that has many members. The child is not alone in the problem. He is but one member of it. His parents and teachers and playmates and the other persons he talks with are also part of it. Indeed, the child himself may not be the most important member of the problem. This dubious distinction

may belong to his mother, or father, or perhaps to his teacher. In order to plan therapy most effectively, you will need to find out who the more important members of the problem are, how they interact, and what each one does to contribute to the problem.

***Should I make a survey by observing the speech of all the children in the school system in order to locate those who stutter?***

There are certain basic difficulties and possible disadvantages in making such a survey so far as stutterers are concerned. Under the temporary stress of a speech examination, some children who are not involved in a stuttering problem may speak with considerable hesitation, while others who are regarded as stutterers by their parents, teachers, and other listeners may speak fluently and easily during the survey. What is more important, however, is the fact that if neither the child nor his listeners regard him as a stutterer, you would hardly care to make yourself the first and only member of the problem by declaring the child's speech to be "too" disfluent. If others already consider him a stutterer, a problem exists and must be dealt with, even though you may decide after listening to the child that he speaks fluently enough. In other words, if you make a survey just to discover stutterers, you run some risk of creating problems that would not otherwise exist, and if you try to avoid this risk you may not discover those children who are already identified as stutterers by others.

***If I don't make a speech survey how do I identify the children to be included in the stuttering therapy program?***

You can let it be known that you are providing remedial services for stutterers, and then wait for children who are so regarded to be referred to you by their teachers, parents, or friends, or by themselves. By doing this you may in the beginning miss some childen who would benefit from your services, but the ones who come are likely to be those who really require your services. Also, the persons who refer them to you probably want them to have the possible benefits of your program, and so they are likely to be more or less cooperative. Moreover, by asking each classroom teacher for the names of any children she regards as stutterers, you will probably pick up practically all of those you would otherwise miss.

***What should I do about prevention?***

There may be some children whom no one has yet thought of as stutterers but who may be in danger of being so regarded sooner or later unless they learn to speak more fluently or easily. The danger, if there is any, in doing nothing directly with such a child in the hope of teaching him to speak more smoothly is to be weighed against the danger of precipitating him into the stuttering problem by designating him as a "prospective stutterer" and inviting attention by the child and his listeners to the disfluencies in his speech. In such a case there can be no escape from the necessity of using your own clinical judgment. The more conservative policy is that of standing by, keeping your own counsel, and doing nothing with or to the child himself until you can observe that a problem does exist either for the child or for a teacher or parent who is beginning to raise doubts about the child's speech. Meantime, you should work hard and persistently to do all you can through PTA meetings and other channels to create a climate of attitude and understanding on the part of the parents, teachers and the general public in which the unfortunate judgments of and reactions to the speech attempts of young children which tend to create the stuttering problem will not be made.

***How can I tell whether or not to work with parents?***

At the very least you would probably want to talk with the parents in order to understand the problem as clearly as possible. You will want to see whether or not you can do anything to reduce the pressures resulting from family relationships. In many cases the child is not yet far removed from the family and home factors that produced the stuttering problem in the first place. These factors may still be operating. Even when the parents are uncooperative, or there are other reasons why it is not feasible for you to do very much about the home situation, it will be helpful to you to know the home situation. It may also help to keep you from becoming unduly discouraged if, because of family factors beyond your control, there is little or nothing that you can accomplish with therapy.

***If I do work with the parents should I also work with the child at the same time?***

In nearly all cases, it would be ideal to work both with the parents and with the child, and also with the child's teachers and any other

important members of the problem as well. There are some children, however, with whom you should not work directly (or at least not focus direct attention on stuttering), because they have not yet developed the feelings and tensing reactions that distinguish stuttering behavior. In any such case there is a problem to be dealt with primarily because of the parents' unusual sensitivity to the child's hesitations in speaking and their concern over them. The prolonged expression of this concern of the parents will probably influence the child to speak more hesitantly. You should therefore give the parents the information and explanations that will enable them to react normally to the child's speech.

***What am I to do with the parents if I should work with them instead of the child, or with them as well as with the child?***

It is best to go to the home and talk with the parents there so that you can see what the child's home surroundings are like, what kind of neighborhood he has to grow up in, whether grandparents or other persons in addition to the immediate family live in the home, how the child fits into the home situation, and what sorts of feelings and relationships characterize the family. Determine how the parents feel about the problem and what kind of understanding of it they have. Then give them the information about stuttering* that will make it possible for them to gain a realistic perspective and to have positive feelings about the child.

***But it is not always possible to go to the home, and when this is out of the question, what should I do?***

Try to arrange for the parents to come to the school to see you in that case, and so far as possible accomplish the same purposes you would by visiting the home. Try to help the parents understand their own roles in the problem. Help them to see what they are doing that they should stop doing and what sorts of constructive things they should do instead. Perhaps you can send them the information if they do not come.

***Note: This information can be found in all of the standard textbooks and also in the companion book number eleven: *If Your Child Stutters, A Guide For Parents* published by the Speech Foundation of America.**

***What sorts of things should they do and not do?***

They should listen to what the child is saying to them rather than to the difficulty he seems to have in saying it. They should not ask him to stop and start over, to relax, go slow, to take a deep breath, to try to talk without stuttering, or make other such requests or comments that are likely to increase the child's self-consciousness and decrease his confidence in speaking. They should not "correct him" when he hesitates or repeats. They should try to be the kind of listeners the child would want to talk too—because they make it enjoyable and they make him want to talk to them.

They should let the child know that they love him and that he can always count on their support. They should encourage him to develop his interests and abilities and to make friends with other children. In these and other ways they should help him to feel good about himself as a person. They should also discipline him in ways that leave no doubt in his mind that they care about him and where he goes and what he does and how he grows up.

***Should the parents be advised to work on the speech itself?***

In general, no. However, it is usually a good idea to encourage the parents to observe the particular conditions under which the child does his best and poorest speaking, and to eliminate or modify any practices or situations that seem to occasion more hesitating and tensing than usual. For example, if he can't get a word in edgewise at the family dinner table, or if father is always too busy to listen or to spend time with the child, you might suggest that they be a little more attentive to his attempts to visit with them. In some cases it might be a good idea for the mother to make a special effort to teach a stuttering daughter to cook or sew, or for the father to share with a stuttering son an active interest in fishing or wood working or playing the guitar. A stuttering child needs close secure relationships with the important members of his family. He needs to feel that they like him and are proud of him. Also, some children seem to profit greatly when the parents simplify their own speech, talk more slowly and with less hurry and confusion.

***How can I reduce the pressures that so many parents of stutterers seem to put upon them?***

Some parents indeed do subject their children to constant demands to improve their manners, to stay clean and neat, to use

good grammar, to take up piano playing, social dancing, and a host of other activities and skills. The stuttering child may be overloaded. Kindly but frank and firm talking with such parents or grandparents about the facts in question and the harmful effects that such policies and practices can and often do have is certainly appropriate and desirable. You should tell them about the findings of relevant research. You should consider with them specific ways in which pressures can be lessened, certain lessons postponed perhaps, and specific criticisms modified or discontinued. Appropriate books and articles can sometimes be recommended with good effect. In some cases referral to a family counselor might be advisable.

***Just what can the regular classroom teachers do to cooperate effectively with the speech therapy program?***

They can set a good example of trying to be understanding of children who stutter. In this way they can set a model and exert a good influence on all the so-called normal children in the school. One of the greatest values of the speech therapy program in a school lies in the fact that it is a constant reminder to all the children who do not have speech problems that it is right and proper to be understanding of children who do have special problems and to provide for them the help they need. In this way the remedial work that is done for speech handicapped children serves as the finest kind of character education for all the other children. Indeed, the absence of a speech therapy program, representing as it does official neglect of speech handicapped youngsters by the adults in the school and in the community, amounts to a deplorable neglect of character education itself.

The classroom teacher is definitely a key person in the stuttering therapy program. She can, with your approval, encourage the stuttering child to participate in classroom activities and discussion. You and the teacher are in the best positions to judge whether the child should participate fully or partially in speaking activities. You and the teacher should talk with the child about his feelings and wishes and work out with him an agreement with respect to his classroom speaking that is agreeable to him. For example, he might speak only when he volunteers to do so, or he might be called on only for short answers. He might be encouraged to speak more than most of the other children. Details can best be worked out by you and the teacher and the child working together.

***Why is it that so many children deny the problem and seem to have no motivation for therapy?***

All of us at times react to something unpleasant about ourselves by pretending it isn't there. The stuttering child is no different in this respect, and the experience of stuttering is so unpleasant that the child denies the problem. Before a child can be motivated for therapy he must in some degree acknowledge the problem.

Among many reasons for the child's initial lack of desire for therapy are these:

1. Thinking or talking about stuttering may temporarily make it worse or seem worse.
2. The whole experience may possibly be laden with shame, guilt, fear and frustration.
3. He is confused about what is wrong with him.
4. Since other people don't talk about it, he'd better not either. It may seem unmentionable, unspeakable.
5. He doesn't know *how* to talk about it.
6. Talking itself has become hard work for him.
7. Avoidance of everything connected with the problem is inviting, while confrontation is, in the beginning at least, a rough experience.

***How can I motivate the child toward therapy?***

First, you must recognize that, in the beginning, undertaking therapy is often not the child's idea. Some adult has sent him to you. Is he concerned about his speech? Does he want to change it, or does he hope that the stuttering will go away? Is he willing to do the necessary work? You must not lose heart if initially he shows negative reactions. He may not realize how much you can help him. He may not trust you. With due sensitivity, explore the child's feelings about his speech. Discover what coming for therapy means to him. Along with sympathetic concern, offer hope and challenge. Ask if he wouldn't like to learn to speak more easily, perhaps to stutter more easily and comfortably. Show him that you can stutter too without pain. Pick out his name or some other significant word on which he stutters, and show him that he can change what he does on this word. Give him a taste of success in changing what he does. Reward his efforts and build up his curiosity about this thing people call his

stuttering. Explore with him the mystery of what he does. Has he ever really heard himself stutter? Help him to become curious. For instance, if he is willing, let him observe in a mirror what he does when he "stutters," or let him listen to it with a tape recorder. Point out that he has a choice. He can go on talking in ways that include the kind of stuttering he is doing, or he can learn some better and easier ways. Show him that you'd like to help him learn these easier, better ways of talking. Let him see other stutterers who are acceptably working on their problem.

***How can I motivate the child who is reluctant or resistant?***

Initially we have the task of helping the child overcome the pain of confrontation of his stuttering—the sharp increase in avoidance as he nears the feared goal. Any kind of reward or recognition, as in a game in which his score depends upon successful eye contact, for example, may be used. Token penalties may be applied to the therapist instead of to the child. For example, by pulling out of a block easily the child gets to make the therapist pay some forfeit. It should be recognized that all or any of the above must be carried out with due tactfulness and judgment on the part of the therapist, depending on the appropriateness for a particular child at a particular time in therapy. Every child is different, and there are wide variations in motivation from one child to another. Some have great readiness for change, while others require much time, patience, and skill if they are to become motivated at all. Not only are there differences from one child to another, but the same child shows quite different degrees of motivation and involvement in therapy from one point in time to another. Sometimes a child needs to flounder for a while following a period of progress to build up readiness for the next change.

***What can I do when motivation and interest lag, or when the child becomes resistant or apathetic?***

When you encounter resistance you should look carefully into its origins. Often other pressures are impinging on the child and consultation with the parents or teachers may be indicated. Here are a few of the more common reasons:

1. The child does not understand the aim of therapy.

2. The child does not feel that the therapist understands his problem.

3. There is competition between therapy and other activities he doesn't want to miss.

4. He feels guilt concerning his "inferior" ability to talk.

5. The child finds that stuttering sometimes protects him from competition and failure.

When the child who has been progressing suddenly begins to resist or sabotage the therapy, or appears to lose interest, the therapist may make the mistake of rejecting the child. He may dismiss the child, literally and figuratively, as not really wanting to overcome his problem, or as having a need for stuttering. Often a wiser path is this: increase the amount of reward and success in other areas. Replay recordings of previous therapy sessions. This is one of the best uses of those recordings made early in therapy. They should not be played right away, but used later. The child can hear how he was when he started, how he is now, and see how far he has come. Too many therapists make the mistake of holding forth only the ultimate goal, and once a subgoal is achieved, they do not show the child often enough how far he has come. The child who can be shown a map of how far he is along the path is much more likely to maintain or increase his essential motivation toward recovery.

***Should I continue therapy with the persistently unmotivated child?***

Occasionally it is better to recognize the futility of continued attempts when no positive response can be obtained after repeated and prolonged effort. Like any other therapist, the speech therapist in the public schools has to recognize at times that he can't help everybody. In those cases where stuttering does not appear to be the main problem, or when resistance is a reflection of environmental stress, referral should be considered. However, if referral to a psychiatrist or clinical psychologist is made, it should be to one who knows the problem of stuttering. In other cases of continued lack of motivation on the part of the child, it is better to postpone therapy pending the development of a more favorable family climate, or a greater readiness for change on the part of the child.

***How do I arrive at the goals of therapy for a particular child?***

Your major goal, of course, is to help the child to communicate to the best of his ability in all situations. The subgoals that you set

for any one child are determined by examining those factors which apparently interfere with his ability to speak effectively. Specifically we should scrutinize the following features of the speaking situation:

1. How he looks and acts and sounds while speaking.

2. How he apparently feels about his listeners and himself as a person and himself as a speaker.

3. The sort of language he uses in talking about his problem.

4. How he reacts as a listener when other people are talking. It is also necessary to know:

5. How other people react to his speech.

These observations should tell you much about his fears and other important feelings, his struggle reactions, and his relevant interpersonal relationships. They should therefore set the basic subgoals for your therapy.

***Are there specific guidelines that I can follow?***

In many instances, the subgoals of therapy cannot be anticipated; they emerge as therapy progresses; they may change from day to day. For a period of time one subgoal or several may be paramount, but as the child reacts to his therapy, the goals may change, or one goal may be contingent upon another. For example, you may have a child from a garrulous family who talks very little or not at all during the early therapy sessions. Before he can proceed in his therapy toward other goals he needs to become more talkative. Thus at first with such a child, the most important early subgoal would be to increase his verbal output. Once this is accomplished, another set of goals may be stressed. It is important that you remain flexible without pursuing predetermined goals which may not be at all suitable for the child with whom you are working.

You can also get essential information by observing the specific behaviors associated with the stuttering. Such things as bizarre mouth postures and interfering tongue movements or gaspings should tell you that these behaviors should be changed. The nature and kinds of repetitions and prolongations also offer guidelines for therapy. The amount and kind of avoidance behavior, the durations of the stutterings, the tensions and the amount of deviation from the acceptable hesitations of normal speech will tell you what should be modified.

The child's feelings and language will also help you to formulate subgoals. It is immediately evident that a child who seems to feel unhappy, withdrawing, anxious and fearful should change those feelings. The language the child uses in discussing himself and his speaking problem may need to be changed. He may, for example, tell you that "something gets stuck in his throat" when he talks, or that he's just "no good," or that "everybody hates him." He may need to examine and explore such statements in terms of reality.

It will also be helpful to give attention to the child's own listening behavior. A stuttering child may sometimes hardly listen at all because he is so wrapped up in his own miseries or compulsions to talk about himself or to keep the floor to himself. Such a child needs to learn to listen, to give his conversational partner reasonable opportunity to speak, and to take his turn at appropriate times. If a child listens in this manner, he may decrease the chances of his being interrupted or rejected, and increase the possibility that others will listen to him and respect what he has to say when it is his turn to talk.

Finally, the reactions of listeners to the young stutterer should be considered in establishing goals. There are probably many listeners who, although they are "members of the problem," will not be brought into the therapy program. But with parents, teachers, siblings and a few peers, you should try to assess the effects of their reactions to the stutterer. You should find out how well they attend to what the stutterer says; and whether they respect this child as a person and respond appropriately when he speaks. Do they show approval only when the speech is fluent? Do they, in effect, penalize the stutterer for his manner of talking? These listener reactions are not fixed but are amenable to change.

***What should I do the first time I see the child in therapy?***

This question assumes that you have seen him enough to decide that you need to do something directly with the child. Consideration of what you might do with regard to environmental therapy has been discussed elsewhere. The first session—or first few sessions—should be used to learn more details about him. Explore his attitudes and understandings about his speech, what he expects from you, his general outlook on life and the way he tends to solve most problems, how much it means to him to do something about his speech, the

way he talks about relating to others. Observe the way he does his stuttering. The more you can learn and understand about him, the better decisions you should be able to make about how best to help him.

***How should I structure the first meeting with the stutterer?***

The first time you meet a young stutterer, you should realize that this is one of the most important meetings you will ever have with him. How you manage it may be crucial to the success of therapy. There are some things you should learn about him and certain things he should learn about you. You must be careful to make no assumptions that he is exactly the same as other stutterers you have seen or known. Children vary widely, and so do stuttering children. Some of them are highly aware of their speech difficulties; others are not. Some are full of fear and frustration; for others the stuttering is only a minor and momentary annoyance. Some come from homes in which the child's stuttering has never been mentioned though it may be very pronounced. In such an instance, the need for confronting the disorder as a problem may be highly traumatic.

It is wise, therefore, to learn as much as possible about the stutterer before this first meeting. Where this is impossible, and the child suddenly presents himself, an unknown, you should converse with him in a friendly fashion, perhaps having him help you clean up the speech room or set up the tape recorder as you make your preliminary diagnosis. Indeed, he may not stutter at all, despite what the teacher says, or he may be so unconcerned about the problem that no direct therapy is indicated.

When you find that the child before you is indeed a very severe stutterer and is reacting strongly to his difficulties, it is wise to take the focus of attention off the child and to place it upon yourself or your work. We must remember that such children have often been mistreated and misunderstood by their parents, teachers and others who have tried to help them. Such a child often comes to the public school speech therapist with alarm bells ringing in his head. It is very necessary that he realize almost immediately that this strange person, the speech therapist, is not going to hurt him—not even by making him talk so much that he will stutter too much. In the first sessions, the speech therapist should probably do most of the talking, revealing himself as someone who understands what stuttering is like,

as one who does not react to it by embarrassment, fear or rejection, as a professional person unlike other teachers who is there to help the child talk better.

This is the way one public school speech therapist began the first session with a stutterer whose first utterance in asking if this were the speech room *revealed that he was in the advanced stages of the disorder*. Note how the therapist takes the attention off the child and reveals himself. Note how he shows that he is not one who punishes but one who understands what it is like to stutter. Note how he shows that he is willing to put the stuttering in his own mouth and without fear or distress. Observe also how he indicates some measure of professional competence. There are many other ways of doing these things and you will have to find those which fit you and fit this child in front of you.

"Hello, I suppose you're wondering what's going to happen today. You know that I am a speech correction teacher and that my job is to help you get rid of your stuttering. But you don't know what kind of person I am except that I'm a stranger and you often have more trouble talking with a stranger. And you don't know how much I'll make you talk or how much stuttering you'll have. So you're probably a bit scared. You don't have to be, because today I'm going to do most of the talking."

"You noticed that I didn't ask you your name. That's because I know that saying your name is often one of the hardest things there is to do. How did I know that? It's because I've worked with other kids who've stuttered, a lot of them. And it's because I had to do a lot of stuttering myself when I was learning to be a speech correction teacher. I had to go into stores and stutter like this . . . (Demonstrates) and like this . . . and like this . . . and many other ways too. I had to know how it looked and how it felt. And at first, I was sure scared and embarrassed—especially when I had to do it on the phone or to one of my classmates. Once it almost seemed to run away with me and I couldn't stop. So I think you'll find that I can understand how you feel when you stutter. I also learned how to help the stutterer and I want to help you. So let's get started . . ."

"The first thing I've got to do is to know *how* you stutter. Let me give you some samples and ask you if you've done that kind of stuttering. How about this kind? (Therapist illustrates a very severe and unusual form of stuttering.) You don't do that kind? Good! One

of the kids I worked with did that kind when we first started. How about this kind? . . . Or this? . . . . (Therapist gradually shows models of decreasing abnormality and unfamiliarity.) But I bet you've often done some like this, haven't you? (Illustrates)"

"Well, I've got a vague idea about how you stutter, but I don't know how it feels, and I've got to know that. So look at this picture and tell me—after you put it down—what's happening in the picture. And if you stutter, fine. I can see what we've got to work with. Go ahead . . ."

"You probably noticed that when you stuttered on those two words, that I was stuttering right along with you, but silently. I was trying to understand just what you were doing and to know how it felt. I don't think I quite got it but it was something like this . . . On that word 'boy' you pressed your lips together and off on one side . . . like this . . . and then they began to quiver as you forced . . . like this . . . and then you popped your mouth open like this . . . and the word came out. Let me see another one to study. Say 'potato-potato-potato' very swiftly. O.K. Same kind of stuff, eh? I bet you felt as though your lips were glued together. Let me try it again . . ."

"That's enough stuttering for today. Now let me outline for you exactly how we're going to work on this problem together . . ."

***What do I do next?***

The course of therapy, since it must be based upon the characteristic features of the problem of an individual child, could not possibly be stated in a booklet such as this, or, for that matter, in any book. If you want general guidelines, we can say that much of your work will concentrate on reducing the stutterer's fears and avoidance, on helping him learn how to speak without struggling, on building up his self-confidence and self-esteem, on helping him talk objectively about his speaking experiences, on providing opportunities for the expression and relief of unpleasant feelings, and on giving the child a chance to enjoy speaking. These and other goals of therapy have been spelled out elsewhere in this and other booklets published by the Speech Foundation of America and are also to be found in the standard texts and articles on the subject. Here we wish to make the point again that you should know what you are trying to do; that you should have some plan, some goals toward which you seek to progress. In asking the question, "What do we do next?" we

must answer ourselves by saying: "What does this child need now?" In the next series of questions and answers we will discuss some of the things you can do directly to help the child get what he needs. But you will have to decide just what he needs at that particular moment in time.

***How can I help the child to realize that stuttering is something that he does than something that happens to him?***

Most stutterers seem to believe that there is a mysterious something which causes the interruptions in the flow of speech and which produces the struggle which results from those "blockings." It seems extraordinarily difficult for them to perceive that what they and others refer to as their stuttering is their own behavior. Feeling this way, they also feel that there is nothing they can do to change their stuttering behavior. Somehow, the speech therapist has to get across to them clearly that they have some choice, that they do not need to squeeze their lips tightly together or jerk their jaws or let the repetitions run interminably, in short that there are other, better ways of reacting to the fear or the experiences of interruption. This can be done by demonstration, by suggestion, by explanation, and analogy.

For example, one therapist began by discussing the many changes which the child had already been able to accomplish in modifying other behaviors such as learning to tie his shoes, to ride a bicycle, to skate—even to walk. Then the clinician pointed out how much of this learning was due to the child's own efforts, and how little success he would have had in any one of these skills if he had not tried repeatedly. Much of this was done through leading questions. Then he stressed the analogy to speech and to stuttering. He asked the child to say some of his "hard words" or to keep talking until he experienced a moment of severe stuttering. Then he asked the child to try it again, changing the way he stuttered in some specified way. The therapist provided some models of these different ways.

Another therapist did it a bit differently:

"Good morning. Today we're going to try to tackle that feeling of yours that when you're stuck, you're helpless. I know it feels like that. I know your lips feel jammed together or your tongue is glued to the top of your mouth or your throat seems plugged up. Something seems to be stuck or else the stuttering seems to be running

away with you. You feel your lips bouncing, almost by themselves—as though some mysterious power was in control of you . . ."

"But look! I can do anything you can do. I can glue my lips together and push them hard against each other like this . . . . (Demonstrates) . . . just like you do. And I can get them bouncing too, like this . . . (Demonstrates). Let's watch ourselves in the mirror together as you tell me exactly how you go home from school, and when you stutter, I'll do on purpose everything you do when you're feeling helpless . . . (They carry out the task.) Now let's trade places. I'll tell you how I go home from school, and when I stutter on a word, you imitate me exactly. (Therapist uses a kind of stuttering different from that of the child.) Good! That looked like stuttering, didn't it? But I don't think it felt the same as some of your real stuff. It didn't because you knew you were doing it on purpose. But you were *doing* it. It didn't just happen to you. There's no one else here except you and me . . . no one else who is pressing your lips or making them bounce, is there? I guess it's you who are doing it."

"Now let's try to get the same idea another way. The other day you had a hard time saying my name. Let's say it over and over until you stop stuttering and you are saying it all right . . . Fine! Do it again! You are not stuttering now, are you? Well' let's do some. Let's see if you can do exactly what you did when you stuttered. O.K., you did everything you do when you stutter . . . but you didn't feel you were stuttering, you say. Why? Because you didn't feel you couldn't help it? There isn't any mysterious power making you stutter. It's just that you don't know that you're the one who's doing it. But it's your mouth, and only you can make it move. When you stutter, you move it wrongly . . ."

"Now let's see if you can stutter with your fingers. Press your thumb and forefinger together hard like this . . . (Demonstrates). Now press extra hard until they vibrate. Now make them bounce . . . just like your lips do. Now let's do the same thing but also use our lips as well as our fingers as you say the word *baseball* . . . on the *b* sound. Press both your lips and fingers together at the same time. Get them vibrating . . . Get them bouncing . . . Good! Now let's do the same thing over again, but this time, when I press this buzzer, you have to stop instantly . . . Fine! You can stop your lips from pressing or bouncing just as quickly as you can your fingers, can't you? Now, how about reading this sentence. I bet you'll stutter on

that *b* word I've underlined and you'll probably press your lips together hard just like you did your fingers a moment ago. Well, when you do, and you hear me sound the buzzer, you've got to stop instantly. Stop everything. Here we go! . . . . Good! You stopped the lip pressing instantly, didn't you? Why? Why could you? If your stuttering is so uncontrollable, how can you stop it so fast?"

"That's about all for today. But you've got some thinking to do about what happened this morning. It's *you* who are pressing your lips so tightly together . . . and you don't need to do it. You've found that you can do it on purpose and you can learn to stop doing it too. You're the boss of your mouth. Why do things that don't help?"

***How can I show a stutterer that he is doing things which make talking more difficult?***

One answer to this question will be represented by the following interview:

*Therapist:* Let's see today if we can figure out some of the things you do when you stutter. Stutterers sometimes do things which make talking more difficult rather than easier. Maybe we can find some things you do that make talking harder. Why don't we just start talking and when you run into trouble we'll stop and analyze it, O.K.? Suppose we begin by you trying to think of some ways you could make talking harder.

*Child:* I don't think I know what you mean—make talking harder—what does that (pause) m-m-m-mean?

*Therapist:* Well, let's look at what you did right then on that word, "mean." I noticed you stopped right before you said the word. What were you doing then?

*Child:* When I stopped?

*Therapist:* Yes.

*Child:* I was getting ready to say "mean."

*Therapist:* What were you doing to get ready?

*Child:* I took a deep breath and pushed real hard.

*Therapist:* You thought that would help you say the word?

*Child:* Yes, I couldn't say "mean."

*Therapist:* Now when you said it that time you didn't stop, take a deep breath and push and yet you said the word all right.

*Child:* I wasn't scared that time.

*Therapist:* Well, that brings us back to what I was talking about.

Sometimes when we're scared we're going to stutter we do things that actually make it harder to talk. We don't really need to stop and take a deep breath to say "mean." In fact, that's probably just one way by which you make the act of talking harder. Since you're not afraid to say "mean" now, say it a few times and notice what you do.

*Child:* Mean-mean-mean-mean. I just put my lips together and sorta hum.

*Therapist:* That's right. Now try saying it by stopping, taking a deep breath and pushing hard on the first sound.

*Child:* (Follows directions, then -) I can say it that way but it is harder.

*Therapist:* Yes, and there are many other things we do when we stutter that make talking harder rather than easier. Some of these things can be changed. Let's see if we can find some more. (Session continues.)

Again let us remind you that these are only examples. They are not cookbook recipes to be used with all your stuttering children. For example, with the very young kindergarten or elementary school stutterer, we can often achieve the same results in a much less direct manner. These children can often begin to develop more normal ways of trying to talk merely by imitating the therapist's relaxed speech patterns. With one small child we merely played with toys together, talking about what we did as we did it. We set a very relaxed pattern of behavior—both in talking and playing—as a model for him to follow. At times we would repeat certain words on which the child had stuttered, but in an easier, less tense manner. At times we even talked—or thought out loud—about how much easier it was to say a tough word when we didn't push too hard. All of this was done quite casually and without ever mentioning stuttering; indeed there was very little direct reference to speaking.

Another therapist with another child may do very little talking about the problem but instead may join the child, stuttering in unison with him, but with less and less struggle or abnormality than that shown by the child. The therapist simply provides a model of better stuttering and better speech. This is usually introduced by choral reading or chanting in unison, then followed by echo-talking or shadowing (the child says what the therapist says as soon as possible after the therapist has said it), then by asking the stutterer

to try the therapist's way. There are other approaches for other children—and for other therapists.

***How can I help a 7-year-old child who stutters but seems too immature to work on speech; in fact, he doesn't even admit it bothers him, yet he obviously has a great deal of struggle behavior?***

As stated elsewhere in this booklet, stuttering can be reduced in many ways. Working directly on the stuttering behavior is just one method for achieving a change in the child's stuttering. It may not always be the best approach. In fact, the more immature the child, the less likely he is to benefit from such procedures. So long as the child completely refuses to talk about his stuttering or his need for therapy, you will be wise to avoid going much farther than establishing the kind of warm relationship in which the child can feel secure, less tense, and more spontaneous.

***How should I use the label "stuttering" with these young children?***

In general, there will be no value in labeling a child's problem as "stuttering" especially when he himself does not apparently view himself as a stutterer or does not use this term in referring to his own speech. The main thing is to help him talk about what he is doing. It might be much better to talk about how he feels stuck, or hold his breath, or why he sometimes hates to talk, or how he feels funny inside. On the other hand, we must not make the word "stuttering" a dirty word to the child who knows he has the problem and speaks of it as stuttering. It is not unspeakable. It refers to a problem —to behavior. We simply use our own good judgment in deciding when its use is appropriate.

***How can I convince a child that his attempts to escape from stuttering make his stuttering worse and makes it last longer?***

Some such procedures as these might be used if he thinks of himself as a stutterer.

1. Tell the child you want to analyze his stuttering today to see if you can figure out why he continues to have trouble. Ask him to read or talk until he does some stuttering. Turn on the tape recorder so you will be able to play back and analyze with him what he does when he stutters.

2. As soon as the child exhibits the common struggle pattern of stuttering, ask him to stop and help him analyze what he was doing by asking such questions as:

*Therapist:* Let's see, when you stuttered on that word "book," what did you do when you first felt you were going to stutter?

*Child:* I don't know.

*Therapist:* Well, let's listen to the tape and see if we can find out anything. (Play tape. Stop it at appropriate time.) Right here I noticed you stopped before trying the first sound in "book"—did you hear it?

*Child:* Yes.

*Therapist:* Maybe that's when you first felt you would stutter. Why do you think you stopped?

*Child:* I was trying to get started.

*Therapist:* What did you do to try to get started?

*Child:* I just took a big breath and pushed hard.

The therapist continues this line of questioning, gradually drawing child to the place where he sees that he does struggle and hurries as though he were trying to escape the block he thinks he's in.

Shift the emphasis of the lesson now to showing the child that the struggling and hurried escape effort make the stuttering worse. For example:

*Therapist:* Did you notice how much more you blocked on "book" than on "face"?

*Child:* Yes.

*Therapist:* Well, let's listen to those two again on the recorder and see if we can figure why one sounded worse than the other. (Play recording.) Sounds to me as if you were pushing much harder on "book" and I noticed that you talked awfully fast there right after you stuttered. On "face" you just sorta hung on to that first sound until you said it and didn't seem to speed up afterwards. Is that right?

*Child:* Yeah, on "face" I didn't mind stuttering. It was just a little block.

*Therapist:* That's right, and maybe that explains why you didn't stutter as hard. You know, when you force and push hard, and when you try real hard to "run away" from the block, it just seems to make it worse. How about reading some more now for me and if you stutter, try to hang onto the sound without any

extra pushing until you say the word. You can watch too, to see if you can catch yourself trying to hurry away from any of those blocks. Remember the struggling and the running away probably just make it harder to say the words.

***How can I help a young child to learn how to handle failures in speaking situations and the emotions which result from these failures?***

Throughout all your therapy with a child, you can establish a kind of thinking which helps the child look at failures more realistically and learn from them. This example of a session with a fourth grade child illustrates how the child can be helped to use failures in speech activities to advantage. Notice how the therapist becomes a part of the problem and thinks it through to a solution with the child.

*Child:* And I didn't do so well for my report—my book report.

*Therapist:* Didn't go too well? What happened?

*Child:* I had a lot of trouble—I stuttered all the time doing it—gee, it wasn't very good.

*Therapist:* Just how did you feel, inside?

*Child:* Oh, sort of mixed up and stuff. I didn't feel good (shrugs shoulders).

*Therapist:* Why do you suppose that happened—you didn't feel good?

*Child:* I don't know. I'm not as good as—I'm not in the top group —I was afraid.

*Therapist:* Afraid—you were afraid of what?

*Child:* I don't know what they'll think—you know, they might laugh.

*Therapist:* I wonder why this makes a difference in your speech—what do you suppose?

*Child:* When I get nervous, that makes a difference.

*Therapist:* Last week you had a good report, spoke well. Why were the two weeks different?

*Child:* Oh, last week I talked about electricity and motors, you know, and I've always been very interested in that, so I knew a lot about it—I enjoyed doing that.

*Therapist:* And this week?

*Child:* Oh, I had to give a talk on China, Red China and the uh United Nations, you know. Not so good.

*Therapist:* Why didn't it work out so well for you?

*Child:* I don't know. I didn't . . . . I wasn't interested, very interested, in that subject, you know.

*Therapist:* And that made a difference in how you did, how you spoke you think?

*Child:* Yes. I think I wasn't too sure of that report, didn't know much about it anyway.

*Therapist:* What can we learn from this—to make things easier the next time—anything you can do?

*Child:* (Pause.) I better pick on something I can do.

*Therapist:* Something you know about, or can get to know about? Anything else?

*Child:* (no response)

*Therapist:* How about being interested in what you're talking about —that seemed to make a difference.

*Child:* Yeh—when you're really interested in something you want to tell people about it, I think.

*Therapist:* Why is that?

*Child:* Gee, I don't know, but you get excited about this and you don't think of them like all ears but you just talk because you're thinking about motors and things like that, you know?

*Therapist:* Well, I wonder what you think this means for the next report—what do you think, to do better next time?

*Child:* I think I should pick something I like and something I know something about. Then I'd do better—I'd speak better, I think.

***How can I get the stutterer to lose some of his fear of stuttering?***

Although not all stutterers have fears of sounds, words or certain speaking situations, many of them do and this problem must be met. It is a very difficult problem and it will occur not once, but over and over, again. We can reduce the fear by reducing the penalties which other people place upon the stuttering and by helping them understand that the more it is punished, the worse it gets. A favorable communicative environment can be created in the speech room, where the child is not hurt when he stutters. Indeed, we can even reward him for stuttering, by our interest and attention. The fear can be reduced by providing successful speaking experiences. By reducing his sly tricks of avoiding, we can decrease the constant reinforcement of his fears from this source. We can show him that we, ourselves, can

stutter without anxiety or revulsion, and also that we can bear the penalties of strangers. We can show him that we can fake some stuttering without becoming upset, and that he can reduce the fear by learning to stutter less abnormally. Fear will also decline in intensity as the mystery is lessened, as the stutterer comes to analyze what he does when he stutters.

Here is the way one therapist worked to reduce the fear:

"Hi there! Today we're going to touch a snake, hold it and watch it. No, not a real one—an imaginary one. We're going to pretend that stuttering is a snake. Let me first tell you how I learned to handle real snakes. I used to be terribly scared of them. I couldn't even bear to look at them without feeling all shivery up my backbone. I didn't like them a bit. One day I went to a zoo with a friend who was what they call a herpetologist, an expert on snakes. He liked them and he knew all about them. Besides, he was a friend of the zoo keeper. He told me I ought to get over my fear of them—that most of them were harmless and that all of them were interesting. Well, I hate being afraid of anything so I went. We went into a little back room where there were a lot of snakes in cages and my friend reached into one of them and pulled out a garter snake about this long and put it on the table. I didn't even want to look at it but I made myself do it—from a safe distance. Then I went closer so I could see its markings and how it moved. And then my friend slowly put his hand closer and closer to it and then touched it. Then he took my hand in his and we both touched it. I was surprised to find that it wasn't slimy like I thought but it felt like sandpaper. 'Hold it firmly now. I'll help you,' said my friend and we did. And then I did it alone, and then with my other hand I stroked it and it lay still. 'Now let it wiggle a little,' said my friend and I did. And then he told me a lot of interesting things about snakes and now I'm not afraid of them at all."

"Well, stuttering is sort of like that snake and today I think we should make a start at losing our fear of it. First of all we should look at it. Look at me do it. (Therapist demonstrates first little blockings, then more severe ones.) You see, I can touch the stuttering snake. I can even hold it. Watch! (Therapist prolongs one for thirty seconds.) Now let's go down to the office and I'll make a phone call and stutter just as long as that. I'm not afraid of it. Watch what I do. (They carry out the project and return to the therapy room.)"

"Now let's see if you can touch it and hold it. Here's a mirror that both of us can look into at the same time. I think you'll probably stutter when I ask you your father's first name. You did before . . . I think it was yesterday. Now when you do, watch what you are doing with your mouth. Watch closely. (They do so.) Yes, that's exactly what you do. It didn't bite you, did it? Wiggled a bit and jerked out, but that's all. Like this, I think you did it . . . . You know I don't think you were as bothered by that stuttering as you usually are. Am I right? . . . . Well, you've looked at the stuttering snake and touched it. But can you hold it?"

"Let's say that name again but this time don't stop or say the word as soon as you think you can. Hold it longer. Keep it going. I don't think it will bite you. Try to feel what you are doing as you watch it. Feel and see what you are doing with your mouth. (The boy does so after several attempts.) Now I'd like to have you tell me about some snakes that you have seen and when you find yourself stuttering, hang on to it and keep it going until you've walked around the table three times. Don't stop what you are doing, just keep doing it. (The boy does so.) Fine! Here's three salted peanuts, one for every time around the table. Chew 'em up."

"Well, that's about all for today. You've learned that you can touch the stuttering snake and that it won't bite. Most of your trouble comes from your fear of it. We'll keep working with it and studying it until you can be its master. See you Wednesday."

***How can I help the stutterer to stop avoiding his feared words and feared situations?***

We all avoid unpleasantness if we can and the stutterer is no exception. Unfortunately, the avoidance of feared situations and words seems to increase these fears and to produce more future stuttering. To convince a young stutterer of this fact is a most difficult task but we must attempt to do so. One of the best ways of decreasing avoidance is to teach the child a way of stuttering which does not provoke frustration or punishment. He can thereby learn that he can afford to stutter even if he is afraid. Also, when he can watch some of your other stutterers tackle feared words rather than avoiding them and hears you praise them for their courage, he may gain some of the latter too. We must not make him feel guilty when he avoids but we must help him recognize when he does so. Here is how one therapist approached the problem:

"I suppose you're wondering what we're going to do today. Well, first of all I want to show you those snapshots we took of ourselves last week. Here's the one you took of me stuttering on the word 'banana' and in this one I'm saying it O.K. Look at the difference. And now here are two of you that I took when I held the camera. Here's the stuttering one on banana and here you are saying it all right. Quite a change, isn't there—especially when you stick out your lips and squeeze them shut so tightly?"

"Now today I'd like to help you understand something awfully important about stuttering. It is this: *the more you run away from it, the worse it gets.* Let me tell you a story about my Aunt Emily. I've never seen anyone so scared of thunder and lightning. When a black cloud came up in the west, she'd start to shake. And then she would make her little nest under the front stairs. She'd take a mattress and put it there, and then she'd get a sheet and put it over her head and when the thunder came she'd plug her ears with her fingers and just lie there moaning with fear. I never saw anyone so scared of lightning. She lived with us and at first she made me scared too, just to watch her. But then my Dad stepped in. He told me to come out in the rain with him and every time it thundered, we'd holler as loud as we could . . . and look at the lightning . . . and then we'd come in all wet but we always had a big party, ice cream and everything, and lots of fun. Poor Aunt Emily never had any of it. She just lay there in her nest, shaking with fear. My Dad felt sorry for her but he always said that by running and hiding she only made her fear worse, that the only way to get over a fear was to go out and look it in the face."

"Well, stuttering is like that too. If you are scared to make a telephone call, or to answer the phone, and you let it ring until someone else answers it, you just make your fear bigger and the more you fear, the more you stutter. Say this with me: '*The more I fear, the more I stutter!*' Now let's yell it, so you'll remember that . . .'

"O.K. Now there's something else we'd better say too. It's this" '*The more I run away from stuttering, the more stuttering I'll do later on.*' Write that out on this card and keep it in your pocket for a whole month. I'll ask to see it every TIME we get together. I want you to remember it. It's true. It's better to stutter hard than to say some other word instead of the one you fear. Every time you duck a

feared word you escape that stuttering, but you also put ten more stuttered words in your mind that will come out of your mouth later on. It isn't worth it. Remember that!"

"Look here's a picture of a hoop-snake. See how he's chasing the little boy. Thats because the boy started running away. Hoop snakes (they're just imaginary ones) chase anything that runs away. But look at this other picture. See? Now the boy is chasing the hoop snake . . . and it's running away. Stuttering is just like the hoop snake. If you run from it, it chases you. If you go after it, *it* runs away! If you run away from stuttering you just get more afraid of it, and the fear makes you stutter more."

"Now tell me about your favorite TV program and every time I see you running away from stuttering I'm going to show you the picture of your face stuttering on banana so you'll remember not to do it. Or, sometimes I'll show you the picture of the little boy chasing the hoop snake if I see that you're going right into your stutterings without ducking them. You can't be like Aunt Emily all your life. You've got to stop making your fear worse. O.K. Let's go."

***How can I build up the child's self-confidence and self-esteem?***

All of us do better when we feel better about ourselves. The stutterer is no exception. Often the most significant thing we can do is to increase the childs feeling that he's quite a fellow. As his feeling of self worth increases his stuttering diminishes. Many children seem to decrease their stuttering solely by the route of better self-esteem. In building this self-confidence, the parents and teachers should be urged to help. New skills, new opportunities for success should be made possible. By increasing the child's personality assets and decreasing his liabilities, the stuttering will tend to be reduced. Often the mere inclusion of the child within a group that accepts him, perhaps for his athletic ability, or because his folks have a cottage at a lake, or for any other reason, is sufficient to improve his speaking greatly. These stuttering children need friends; they need support and acceptance; they need to like themselves. The public school therapist can often do much to provide this support.

It must be remembered, however, that "self-confidence" cannot be poured into a child from a bucket of verbal praise. These children are keen observers of their own capabilities. Such a child is not fooled by unmerited approvals; indeed, these merely make him more

insecure and suspicious. Let us provide opportunities for him to do the things he already does well, and help him learn to do other things which others will reward. One of our children stopped stuttering as soon as his boxing lessons enabled him to beat up the bully who had tyrannized the whole playground.

Certainly, the therapist's friendship, acceptance and support can by themselves do much to increase the child's self-esteem, if that child likes and respects that therapist. Moreover, the interaction between the therapist and the child will provide hundreds of opportunities for building self-confidence. We must not overlook the tremendous boost of self-respect that comes from the successful speaking experiences that therapy provides. When a child realizes that he can change the unpleasant ways he talks into better ways; when he comes to understand that his fears and guilts and hostilities are accepted as normal reactions under the circumstances; when he finds that the therapist thinks he's a great little guy even if he does have trouble talking, the stuttering starts to ebb. Often the speech therapist must face the fact that with some children, the only way he can help is by building self-confidence.

***How can I help the stutterer to reduce his abnormal struggle reactions?***

The stutterer's facial contortions, jaw jerks and the like are not necessary. He can learn to talk and to stutter without them. By watching other stutterers he can come to understand that much of their struggle does not help them to say the words they are trying to say, but instead only make it harder to say them. We can point out similar features in the child's own speech that have no utility. This can also be done through mirror scrutiny or by listening to tape recordings of himself and others. The therapist can duplicate the stutterer's inappropriate struggling and then analyze how difficult it would be for him to talk were he to do these things. These struggle and tension reactions are often almost automatic and the therapist must help the child to become aware of doing them. It's hard to discard behavior which you do not recognize. Often it is necessary to resort to analogy to get the stutterer to understand that he need not struggle. Here is the way one therapist tried to do it with an eleven-year-old boy.

"We've got some interesting things to do today. See that salted

peanut here on this paper on the table? Well, this right hand of mine is going to try to pick it up and pop it into my mouth, just like this . . . yum. Pretty good! I like peanuts. Now here's another peanut on the paper. I'm going to ask my right hand to pick it up again but my left hand is going to fight my right hand to keep it from doing so. Watch! Look at it fight . . . who's winning? . . . Wow, what a hand fight! Ah, that right hand finally won . . . but the peanut fell on the floor and it's all dirty . . ."

"Let's think about that for a minute. Isn't that a fool way to try to pick up a peanut? Heres another one. You make *your* two hands fight for it. Your right hand tries to pick it up and your left hand tries to keep it from doing so . . . Fight hard . . . Harder! O.K."

"Here's a mirror, watch yourself as you say this word I have on a piece of paper . . . (Therapist shows him the word 'pumpkin'.) Now watch me do just what you just did. Watch me try to push that word out at the same time I'm squeezing shut my lips. See if you can tell who's winning? (Therapist demonstrates a long struggling, highly contracted moment of stuttering on the word.) Whew! I didn't think I'd ever get that word out . . ."

"Now you go over there and sit in that chair and close your eyes and *think!* Think about your hands trying to pick up that peanut and think about how you try to say that word when you stutter the way you just did. When you've thought long enough you come over here and tell me what you've discovered about your stuttering . . . (Therapist has the child sit and think for about five minutes, and then they discuss the experience and its implications.)"

"All right. Now let's see if we can understand it in another way. Look. Here's a little plastic squeeze bottle. I've got just about a good mouthful of orange pop in it for you. But I'm going to hold the cork in while you try to squeeze it out. If you can pop out the cork by squeezing the bottle, you can have the pop. O.K., let's go . . . (As the boy and the therapist battle, the latter demonstrates a long struggling stuttering blocking as he holds the cork in despite the boy's efforts. Finally the therapist lets the cork go and the pop squirts out on the floor. The boy licks the bottle.)"

(The therapist just looks at the boy and once again he fakes the long hard struggling before he says the word.) "That's a rather silly way of trying to drink pop, isn't it . . . Why cork your speech bottle and then have to squeeze and fight so hard? There must be

an easier way than that. Here's another one. This time take out the cork and you won't have to squeeze it at all. Just tilt it up and down she goes. Like this . . . (The therapist drinks the pop.)"

"Look, here's the rest of the bottle of pop. You can take this long plastic tubing and take a suck after every time you stutter without fighting it, without squeezing, without forcing. If you stutter and force, you don't get a suck; but if you stutter easily, you can have some . . . oh no, you don't get any pop for saying the words without stuttering. You got to stutter, but stutter easily to get your suck at the pop . . . like this . . . (Therapist demonstrates). No suck for this . . . (Therapist gives example of hard struggling), but you can have big suck for this kind . . . (Therapist shows the boy an easy unforced stuttering). All right, here's your sucking tube . . . (They interact accordingly until the therapist thinks the boy has shown enough easy stutterings to constitute a model.)"

***How can I help the stutterer to release himself from the feeling that he is "stuck"?***

Most severe stutterers seem to feel that once they begin to stutter they have but two choices: either to let the stuttering run its course and to endure it, or to stop and try the word again. They must learn that there is at least one other choice: to work their way out of their tensed mouth postures or repetitions without struggle. You can show them how to do this by stuttering yourself like the child does and then, by reducing the tension and abnormal mouth postures, demonstrate how the word can be formed and uttered slowly and smoothly. All that many young stutterers need is a model of this sort. In effect, you say: "Look! Watch how I do it. Watch how I stutter easily and smoothly when I feel I'm stuck. Here's a better way talking. Try it!" In the following example, the therapist is introducing this phase of therapy.

"Today we're going to show you how to work your way smoothly out of your blockings and how to do it easily. About the only ways you have been trying to get out of them is by forcing or jerking or backing up and starting again."

"When it seems to you that your mouth is jumping or running away with you, you feel pretty helpless. And when it feels frozen or glued shut, it's kind of scary. And so you do all the wrong things. You get panicky and you hurry and struggle almost blindly. That

really doesn't help; it only makes your stuttering worse. You've got to find a different way, a better way to talk."

"Remember how I told you once that learning to change the stuttering you do is like learning to swim? You've got to do just the opposite of what you first start to do. Instead of holding your head up high in the water, you've got to lie down in it. Instead of thrashing around and struggling and spanking the water with your hands, you've got to reach out and grab it. Instead of spreading your fingers out, you've got to cup them like this in order to pull yourself forward. And you're scared of the water when you first learn to swim . . . and when you sink, your nose gets full and it's sure unpleasant. Instead of getting all tensed up and hurrying you've got to relax and move slower. There's a knack to swimming and you don't learn it all at once. It's the same way with changing the stuttering you do."

"Now watch me. Im going to stutter like you do and first I'll hurry and struggle and force and jerk—the wrong way. Like this . . . (Demonstrates.) And now I'll start the old way, the old wrong way, but then I'll work my way out of these wrong things I'm doing, nice and slowly and smoothly. Like this . . . (Demonstrates.) Did you see how I stopped forcing and hurrying? Did you see how I slowed down and moved my mouth so that I said the word easily? Let me give you some more examples of the hard way and the easy way to swim with your mouth. (You demonstrate.)"

"Now let's play follow the leader. You watch me and do exactly what I do. Let's do it the old way, the wrong way first, on the word 'Barbara.' Aha! You really did some 'real stuttering' that time, didn't you? Yes, that's what happens when you do it wrongly. Now *imitate* me as I first get myself stuck, then work my way out of the tense blocking . . . Came out pretty slickly, didn't it? Now let's work together the same way on some of the words you seem to think are hard to say . . ."

"Now this time take these pictures and tell me their names. I think I've picked out some you think are hard to say, haven't I? But we're going to do it a bit differently this time. You start to say the word but if you stutter, just keep on stuttering and let me finish the word. Let me show you how to 'pull out of your stuttering,' how to change what you are doing. Let me show you the way, show you a better path. Then you do what I do as we finally say the word together . . ."

"Fine! Think you've got the idea? Now this time I'll do the stuttering and it's your job to be the leader and show me how to change the wrong things and do the right things as I work out of my stuttering. Show me; don't tell me. Here we go . . .. (Therapist duplicates one of the child's severe blockings and continues until the child joins him and shows him how to work out of it smoothly and easily.) Guess you'd better show me again . . . (Therapist should occasionally fail to follow his lead and continue stuttering.) . . . Oh, oh, that time I didn't follow you, did I? Show me again how to do it. (Therapist interacts as above.) Oh, that time I got the knack of it. You're a good speech teacher. Now, try being your own speech teacher. . . . (You work together until the child has some real success without your help.)"

***How can I help the stutterer to utter his feared words in as normal a fashion as possible?***

One of the most difficult problems confronting the therapist who works with stuttering is to get the child to *approach* his feared words as normally as possible. Ofter the child will put his mouth into a position which makes utterance impossible. He cocks the gun before he pulls the trigger. Here is how one therapist attempted to cope with this problem.

"Hello. Sit down and open your mouth wide. Wider! Hold it open like that until I raise my hand like this. O.K., keep it open but say the word 'banana'. No, don't close it. Keep it open. Try again. . . . You can't? Let's see if I can. . . . I can't either but I'm trying to. Watch me try. . . . The only way I can say that word is to bring my lips together, isn't it? . . . Why do you suppose I asked you to try that little experiment? . . . No idea? . . . O.K., suppose we try another."

"Open your mouth again but this time hold your breath like this . . . (Demonstrates.) Now keep holding your breath but say 'are'. No, you breathed. . . . Hold your breath and say it. . . . Come on, say it! . . . You can't. . . . You can't say it if you hold your breath? Right! I can't either. . . . How did it feel when you were trying? . . . Didn't it feel a bit like it does when you're stuttering. Try it again and see. . . ."

"Now, I've seen you do both of those things when you were stuttering. I've seen you try to say your sister's name, 'Barbara,'

with your mouth wide open. You were trying hard to say it . . . so you thought . . . but you were trying to do the impossible. Nobody can say 'Barbara' with his mouth wide open. . . . Try it the same way you tried to say 'banana.' Yeah, you can't, but you were trying to, and you felt you were stuttering. And remember the other day when you were asking me this question, 'Is it all right if I leave a little early?' and you stuttered hard on the first word 'is'? I watched you and you were trying to say it while you were holding your breath. Try it again . . . holding your breath, remember! . . . Hey, what happened, you stuttered on it again. But what were you doing on that first word? You were trying to say it while you were holding your breath. . . . You can't. O.K., try again, but this time don't hold your breath. . . . Hah! No stuttering. . . .. Shut your eyes and think about that for a minute."

"Keep your eyes closed now while I say something to you I want you to remember. It's this: *You've got to tackle the words you fear and say them in the only way they CAN BE said. Say them the natural way. Don't try the impossible.*"

"You say that when you're scared you forget how to say them naturally? . . . I know. It's hard to do the right thing when you're scared. But I don't think you've known what you're doing until now. That's why I've got to help you a bit. I can show you and tell you what you're doing that makes it so hard to say one of those words that scare you. And I can help you learn how to tackle those words naturally instead of in those impossible ways. Want to learn how to do it? . . . . O. K."

"Here are some pictures. Pick out three of the ones that have names you think you might stutter on if you have to tell me what they are. These three? All right. How about this one? Do you think you'll stutter on it? You're pretty sure, eh. All right. Now suppose you say it *silently* to yourself as you watch yourself in this mirror. Form it with your mouth but don't say it aloud . . . . like this . . . . (Therapist demonstrates pantomime utterance of the word.) Do it again and feel your mouth and watch your mouth as you say it like that silently. Do it again . . . . and again . . . . Now do it silently as I do it aloud, both together. Make your mouth move just like mine does . . . . Fine! Now this time I'll make it silently and you say it aloud, but both of us must do it together—and in exactly the same way. Imitate me but say it aloud. Here we go! . . . . Came out

pretty easily, didn't it. Why? . . . . Yes, because you said it naturally. You didn't hold your breath or squeeze your mouth door shut or hold it wide open. You just started it the way you do when you don't stutter. And it came out nice and easy. That's the way to tackle those words you're scared of."

***How can I teach the stutterer that the fear of stuttering need not always be followed by stuttering? How can I teach him to resist and not always to yield to his fear when he expects to stutter?***

Here is a therapy plan which one therapist used with a group of young severe stutterers which may help you in answering the above questions:

1. Ask the members of the group if they can tell when they are going to stutter before they say the word. Discuss their answers. Bring out such questions as:
   a. *How* can a stutterer tell whether he will stutter?
   b. What does he do when he thinks he will stutter?
   c. Is there any relationship between thinking he's going to stutter and stuttering?
   d. Does he ever think he is going to stutter and then find out he does not stutter?
2. Have the children, as they continue talking about this problem, hold up their hands before they say a word on which they expect to stutter. Point out instances in which they expected to stutter but didn't and also those times when they stuttered without anticipating the experience, or anticipated it too late to give the signal.
3. Point out to the child that he can fight off this feeling that he's going to be "hopelessly caught." He can do this by concentrating on where he thinks he will tense up and relaxing this area. He must learn to stop doing the things that keep him from saying the word easily. Praise him for experimenting, for warding off the feelings of hopelessness.

In the following account we watch a therapist attempting to show a child that he can resist the feeling that he is going to stutter, that he can actually say the word normally despite this feeling:

"Hi! Today you're going to have to fight me first . . . and then you have to fight yourself . . . and I just bet you'll win both battles . . . No, I don't have any boxing gloves. This will be a mouth fight.

"Here's how we're going to do it. We're going to read this book together at the same time, and aloud. I think you remember how we found that you didn't stutter very much when we both said the same thing at the same time. Well, today we'll read together like that but every once in a while I'm going to do some stuttering to see if I can boobytrap you into stuttering too. And it's your job to fight me and not let me throw you. Understand how it goes? . . . O.K., let's start reading together. (The therapist and boy read in unison very fluently for a time, then the therapist inserts a faked stuttered word into his oral reading. The boy finds himself stuttering too.) Ah hah, I caught you. I won that time . . . Let's do it again more slowly and don't let me fool you into stuttering . . . (They read in unison as before and therapist puts in some stuttering shortly after the boy has said a word.) Oh oh, that time you won! I'll get you next time." (They continue as described and the therapist arranges things so the boy becomes progressively more successful at resisting the therapist's suggestion of stuttering. This can be done by timing as illustrated above, by using types of stuttering behavior which are quite unlike the boy's own stuttering behavior, and by decreasing the loudness of the therapist's stuttered words. It is wise to see to it that the boy loses intermittently too, and to increase progressively the similarity and dominance of the therapist's suggestion so that the boy will have to work hard to resist. But, with skillful pacing, the therapist can insure the child's ability to resist his suggestion.)

"Well, I guess you sure beat me more times than I beat you. And you got better at it, the more we did it. Kind of fun, wasn't it? Now I have another way of doing it. Your job is to be my echo, now. You've got to say everything I say as soon as I say it. If I say 'one,' you say 'one.' If I say 'fish' you say 'fish.' But if I put in a stutter, don't you stutter. You resist me. You fight me and say it right. Ready? . . . . O.K., here we go . . . ." (Therapist begins fairly slowly at first and uses single words and only an occasional stutter but gradually increases the suggestion as described above, speeds up his rate, and words into short phrases or sentences. Again, the technique should be practiced so the child becomes progressively successful at resisting the stuttering of the therapist.)

"I guess you're getting too good for me. I just can't seem to make you stutter very often any more. Let's stop and think about what we were doing and what we can learn from it. (A three minute

silence period.) I wonder what you were thinking. I was thinking this: You don't always have to give in and surrender when the idea of stuttering comes into your head. You can fight it and resist it. I don't think you've ever had that thought before. If you saw a hard word coming and thought you would stutter on it, you either went ahead and struggled with it or you ran away . . . . When we first started working together, you only had those two choices—to stutter or to avoid the hard word. And then, I've shown you a third way, haven't I? I've shown you that if you try hard and know what you're doing, you can say that hard word easily and smoothly when you stutter on it. But today I've given you a fourth choice—to resist stuttering, to say 'no, I won't stutter. I'll say it right!' I've shown you that sometimes you can fight the idea that you've got to stutter when you think you will . . . ."

"Now let's see if you can fight yourself like you fought me. Here's something to read. Underline the words you think you may stutter on. Now I'll read it with you but I won't read the words you've underlined, but you pretend I'm trying to get you to stutter on those, and you fight me by refusing to stutter on them . . . Let's see how many you can get . . . . (They carry out the procedure until the boy has some success.) Now suppose you read along some more without me and fight your own idea that you have to stutter."

***What changes in the child's speech should I expect after I begin therapy?***

This will vary with the individual child. In some instances the initial confrontation may produce increased anxiety and more frequent stuttering. On the other hand the stutterer may feel at ease with you and you may observe a decrease in the frequency of stuttering. As the stutterer learns that he will not be penalized for his speech and as he feels less need to disguise his speech behavior and to avoid his stuttering you may observe an increase in stuttering. Such increases in stuttering behavior are at times indications of progress.

Usually, progress is uneven. You must not expect miracles or even quick improvement. There is always a need to build a solid foundation for later progress. Spurts of increased fluency will be followed by periods of difficulty. You must not lose heart when these occur; you should expect them. The course of therapy is

seldom smooth. You must also help the child to understand this, and your own faith will sustain him.

***What are some of the indications of improvement?***

You should look for more than a mere decrease in the frequency of stuttering. Indeed, since most children soon adapt to the speech room, a marked decrease in the number of times the child stutters there may not mean much. Look instead for decreases in severity and complexity. Note any lessening of avoidance. See if he doesn't show a decrease in his evading of certain speech situations or certain words. Observe whether or not the tensing and struggling have declined. Watch him to see if the outward evidences of embarrassment, frustration or anxiety are becoming less noticeable. Judge whether or not the child seems to be able to bear more communicative stress without stuttering. See if he isn't talking more, and more easily. Notice if he talks more readily and frankly about his feelings and his problems.

***What are some of the indications of failure?***

Among the indications of failure in therapy are these: No reduction in fear or shame; continued struggle during blocking; continued avoidance reactions; no real initiative on the part of the child; signs of resistance or apparent sabotage; passivity and resignation.

***What should I do when the child suddenly begins to stutter worse during the course of therapy?***

Stay calm! The volleys of stuttering may be temporary. They may be merely the reflection of real progress. Hidden stuttering due to evasion of words and speaking situations may merely be coming out into the open. The child may merely be speaking more than he did before. There may be environmental pressures working on the child that are not known to you. Investigate! More conferences with the parents, teacher or the child himself may be needed. Indeed, the child may be merely testing you. In certain instances, it may be wise early in therapy to prepare the child for the possibility of some temporary increase in stuttering. Help him understand.

***How can I get my stutterers to work on their speech outside the therapy room?***

Many children react negatively to having to do homework for speech therapy class. Some failures merely signify that the child's environment is not conducive to fear-free speech. Many successful therapists avoid all outside assignments. If they are made, they should meet several criteria. They should help the child learn something. They should be minimal in terms of time, effort and difficulty. They should be expected to lead to increased positive self-feelings rather than being punishing. Many assignments are best stated in ways that lead to easy reporting and verification.

In cases of frequent undone assignments, you should consider the possible reasons for lack of carryover, and it often helps to have the child analyze the problem with you. Your own behavior—especially at these times—should be non-punishing and experimental. You and the child should explore the problem together to see if you can come up with better ways to work on speech outside the permissive therapy setting.

The following is an account of a part of a session with one young, mild stutterer who was usually quite fluent during therapy but whose teacher complained that he became very hesitant in class, especially when he tried to dominate the class discussion, as he frequently did.

*Therapist:* Did you show the class anything today during "share-and-tell" time?

*Child:* Yep, I brought three things to class to talk about but Miss Smith wouldn't let me tell but about one. I don't like her.

*Therapist:* You got sorta peeved because she made you sit down? Why do you suppose she did that?

*Child:* I dunno. She's just mean.

*Therapist:* Did any of the other children have things to show the class?

*Child:* Yes, almost everybody did. Some kids didn't get to show their things.

*Therapist:* Oh, some of the others too? Why was that?

*Child:* We ran out of time.

*Therapist:* I bet you know then why Miss Smith really only let you show one thing, don't you?

*Child:* (with a sheepish grin) Yeah, I know. But that's why it's so hard for me to use that easy speech in class. I have to hurry to talk about what I brought.

*Therapist:* And when you hurry, you . . .

*Child:* I get myself stuck more. I did lots of sticking this morning.

*Therapist:* Can you think of anything to do so you wouldn't feel in such a hurry.

*Child:* Well, I guess I could show only one thing and not talk so long.

***What should I do when the child is about ready to stop coming to therapy?***

This depends a great deal on the reason therapy is being terminated, on the age of the child, and on the kind of relationship you've had with him. Therapy may be terminated for many different reasons. Perhaps the end of the child's enrollment in your school comes before he's learned to cope with his problem successfully, or perhaps you and the child feel he can make the rest of the journey alone without special help. You will need to say and do different things with a child who you feel has pretty much eradicated his problem than with one who is still likely to experience much frustration and self-interference in talking. In either case, it is definitely wise to do some "weaning," to prepare the child or his parents for greater responsibility.

With younger stutterers, the responsibility for continuing an environment conducive to stuttering-free speech rests primarily with the parents. They should be reminded of some of the changes they've made and warned against possible pitfalls. It would probably help them to realize that fluency is a variable thing that fluctuates even among children who have never stuttered. On the other hand, they should be able to recognize signs of a return to stuttering and be able to use these as signals to reexamine their own behavior.

Children in the upper elementary grades can usually be expected to be their own watch dogs. It would probably help to spend some time discussing how they were originally, how they've changed, and what they did that lead to the changes. They will benefit usually from a discussion of the kinds of things they do that might lead to a return of the old pattern. For example, a therapist might use questions such as these in a session toward the end of therapy: "O.K.,

since we're thinking about your not coming to therapy regularly next year, let's talk some about what you've done since you started coming to see me. Can you remember much about how you talked and felt when you first started therapy? . . . . And what do you think is going to happen when you no longer come to therapy? . . . . I'm sure you probably realize that you can expect to have more difficulty from time to time. What kinds of things do you think will set the problem off? . . . . Well, you know that if things get too puzzling you can stop by to see me anytime. I'd like to talk with you about how you're coming along anyway."

***How long should I work with a young stutterer before I give up?***

Although this is a decision which must depend upon the special circumstances in which the child exists, and the kind of therapy he has previously experienced, we feel that some reasonable time limit should be formulated for each case. We should put an end to the spectacle of interminable therapy, of years and years of failure. Some children who cannot seem to profit from therapy administered at one time and in one place, later can make marked progress under different circumstances. Unfortunately, if a child has failed to profit from speech therapy during all of his school life, the prognosis will be unfavorable.

When such a child is to be dropped from therapy, the situation should be explained to him and to his parents as gently and yet as objectively as possible. Tell him that at the present time he just isn't ripe for the treatment. Give him a vacation from speech class. But leave a door open so that he may return if he so desires, and leave him with hope that speech therapy in another day and time can do what you and he cannot do now.

***How much contact time is necessary to insure some prospect of success with the young stutterer?***

While it is recognized that children vary widely in their individual needs for attention, and that many children seem to be helped by even slight instruction (and a few may improve without formal therapy of any kind), experience indicates that a highly limited schedule reduces the child's chances of improvement. While the public school therapist may and should see and consult on any stutter-

ing problem referred, there are fairly definable minimum operating conditions for meeting the moral responsibility of taking a stutterer for continued treatment. Usually, a minimum of two half-hour sessions each week is desirable.

***Should children who stutter be seen individually or in groups?***

Either group or individual therapy, and sometimes both, may be helpful. The question can be answered meaningfully for a specific child only after basic decisions have been made concerning the needs of the child in relation to the speech therapy program as a whole.

Group sessions give the stutterer an opportunity to share his experiences and his feelings, and to arrive at an understanding of the problem and the need to do something about it. Group therapy can be quite effective for developing motivation, because he confronts himself and other children with his speech problem and discusses and analyzes it with them, with results which sometimes cannot be accomplished when he is alone with an adult clinician.

Individual therapy sessions may give the stutterer the support he needs in getting started in therapy. It may be the only way he can admit his shame and guilt about being afraid to talk. The closeness of this one to one situation should enable the stutterer to admit his feelings, to express them, and to test your ability to relate to him in such a situation. This is where the stutterer (and the clinician) learns the comfort of honesty about himself and his world.

Usually it is wise not to mix beginning stutterers with those who are anxious and morbid. Even so, a child who is started in group work may possibly react to the give-and-take atmosphere of the group with increased anxiety. If, after a reasonable length of time, this increased anxiety appears to be interfering with his ability to benefit from the group, he can be changed to individual therapy. It is quite possible that following a period of individual therapy it would be desirable for him to return to the group. Other examples could be given. The guiding principle is that therapy includes an on-going process of evaluation and re-evaluation of the child's reactions to his experiences. The clinician, from time to time, on the basis of a child's reactions, should expect to change the plan of therapy. This includes, of course, the possibility of shifting him in and out of group or individual situations in order to meet his changing needs.

***If the children I work with are scattered both in location and age, how can I do any group therapy?***

You can do group therapy "by proxy." If, by group therapy, you mean the sharing of experiences and projects, the communicating of successes and failures, you will find that these can be accomplished with a tape recorder very effectively. Introduce your stutterers to each other by tape. Let them share their feelings. Help them explore their own stuttering by first exploring the stuttering of others in your caseload.

If the age range of stuttering children within your caseload is a problem, try to find other therapists in your area who are working with stutterers of the same approximate age as those with whom you are working. You can then exchange tapes of the type mentioned above. Later you may be able to arrange for them to meet occasionally and work together on outside assignments.

***How can I find time for individual therapy when I have such a large caseload?***

You need to schedule your cases according to their needs. Many of your children with articulation problems can be combined in larger groups. The stutterers need to be worked with in small groups or on an individual basis. You will need to do much soul searching and evaluating, and then make out a schedule in which you allot the time necessary for the more serious cases.

***Is it all right to see stutterers in a group together with children who do not stutter?***

Participating in a mixed group should not be a stutterer's sole therapeutic experience. But there are times when mixing stutterers with children having articulatory problems and with normal speakers can be quite helpful. If you wish to focus attention on speech as a process of doing something with your mouth and tongue and jaw, and if you wish to consider both fluent and stuttered speech as similar processes of articulating and phonating, then such a group is necessary. It not only moves the stutterer toward viewing his own stuttered and non-stuttered speech as his own behavior but it may also reduce some of his feelings of helplessness and fear about his speech seeming to be out of his control.

In addition there can be advantages in having the children who stutter share their feelings while speaking with children who speak normally or with those who have speech problems other than stuttering. Only in this way can the child who stutters find out that these other children have feelings at times that are similar to his own. We must remember, however, that the young stutterer may develop fears of certain sounds and words from his association with the articulation cases in the group. He must not learn from the lisper that s-words are to be dreaded.

***Are there group methods I can use to help parents understand the problem better and be more constructive in dealing with it at home?***

Some school speech therapists have reported advantages in group meetings for the parents of their young stutterers. In these meetings, held usually in the evenings and not oftener than once a month, essential information about the stuttering problem can be given to parents and they can be helped to share with each other their anxieties as well as their hopes and the experiences they have had in trying to cope with the problem. There are articles, pamphlets, and books that have been written especially for the parents of stuttering children and some of the meetings can be based on a study of these materials.

***How can I get the classroom teacher to help me?***

You must convince the teacher of the stuttering child that what you are doing for the child is important. In talking to the teacher, however, you must be tactful and careful. Each person working in the school feels his job is important and is likely to resist any encroachment on his allotted time with the child. You may have to inform the stuttering child's teacher in some detail about what you are trying to accomplish. Enlist the teacher's help; make her feel she is an active participant in helping the child to improve his speech. Tell her what you are attempting to do and, with the child's permission, invite her to visit one of your sessions. Tell her you would be grateful if she would observe the child's progress or lack of progress in speaking in her classroom. She may be able to tell you much about behaviors that you will never see in your own sessions with

him. The teacher will undoubtedly be glad to find out how she can ease many of the pressures that disrupt the child's speech and protect him from many of the penalties he might otherwise suffer.

***How can I get the school and community to support my program?***

First of all, the doctors and the general public must know that you are there to help—that you are professional. You are going to have to blow your own horn in appropriate ways. Get yourself on the programs of teachers' meetings, the PTA, meetings of service clubs, women's clubs, medical groups. Tell them of your work with the stutterers. Use tapes and case histories, with permission of the children involved and their parents, of course. Show them the stages of stuttering and explain what you would attempt to do for a child in a particular stage. You might make up a hypothetical case in which you can illustrate briefly each step of the therapy process.

These groups are always looking for speakers. If you do a good job at PTA meetings and let it be known you are available as a speaker for other groups the word will spread and you will be given the opportunity to share with many groups the essential information you can provide.

You must sell your program to the schools in any and every way you can. Talk about your program and the specific needs and problems you encounter day in and day out. Talk to others in the schools during lunch, walking through the hallways, or anywhere you can, with one teacher at a time, with supervisors and principals, the school nurse, the school social worker and psychologist, the janitor or any one else who can help in any way. Talks over local radio and TV stations and stories in the local paper can also help create a general climate of interest and support of the work you are doing. This is going to take extra time and effort on your part, but it can be deeply satisfying because of the benefits it brings for the children you are trying to help, for their parents and teachers, and for you and the program you are building.

***Should I work with the stutterer at all if I have doubts about my ability or professional competence?***

The easy answer is "No." But is it easy to neglect the child who stutters, to let him gasp and struggle with his helplessness and mysterious misery? While there is much that we still do not know

about stuttering and its therapy, enough information is available to guide you if you will seek it. There are other therapists who will be glad to help. There are college and university clinics to whom you can refer your cases for evaluation and therapy planning. Many institutions offer advanced training in this field. There are books and articles to read. There are stutterers to observe and to try to understand as persons with a problem.

You entered this field of your own choice and it is your obligation to become competent. This competence is not limited to your ability to help the child who lisps. If you are to be truly professional, you must continue to improve your understanding and your clinical skills. You probably are fearful that you might hurt the child who stutters. We doubt this. You will make mistakes. We all do. But these stutterers are tough. Many of them have known much frustration and many penalties. They need someone who is willing to listen and to understand and to help them become more fluent. Surely you can at least prevent them from getting worse. You can ease their burdens and give them hope. You must give them all you can.

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